

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599987

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1			1		
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1		1			
12	1			1		
13	1					
14	1					
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18	1					
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21	1		1			
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TOTAL IND.	21	↓	3	↓		↓
TOTAL DEP.	0	←	18	←		←
TOTAL CLAIMS	21		21			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						